

## COMPANY APPOINTMENT OF MANAGING GENERAL AGENT

1. Name of Insurance Company \_\_\_\_\_
2. NAIC # of Insurance Company \_\_\_\_\_
3. Name of Contact with the Insurance Company \_\_\_\_\_  
Contact person's phone number \_\_\_\_\_ Fax # \_\_\_\_\_
4. Name of the appointed MGA \_\_\_\_\_
5. FEIN # of MGA \_\_\_\_\_
6. Effective date of the appointment \_\_\_\_\_

To the Insurance Commissioner of the State of Arkansas:

The undersigned as an authorized representative of the Insurance Company hereby appoints the above to act as the Managing General Agent of this company. This appointment will remain until the Company revokes the appointment by written notice and form to the Commissioner.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title